

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

01
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 2-2-01

L. Sugg
JH 14523
KSS

1010525

1. NAME Haynie, Randy K.
Last First MI
2. BUSINESS PHONE (225) 336-4143
3. BUSINESS ADDRESS 1465 Ted Dunham Drive, Baton Rouge, LA 70802
Street and No. City State Zip
- MAILING ADDRESS P.O. Box 44032, Capital Station, Baton Rouge, LA 70804
Street and No. City State Zip
4. EMPLOYER Self-employed
5. EMPLOYER'S ADDRESS same as above
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes No XXXX
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Bank One Corporation
Address 600 Jefferson Street, 3rd Floor, Lafayette, LA 70501

Business or purpose Banking

☒ New Representation

Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

RECEIVED - 2 01 1:51

RECEIVED - 2 01 1:51


SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Bank One, Louisiana
 Address 600 Jefferson Street, 3rd Floor, Lafayette, LA 70501
 Business or purpose Banking
☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
☒ Terminated Representation as of February 8, 2001
3. Name _____
 Address _____
 Business or purpose _____
☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


 Signature of Lobbyist